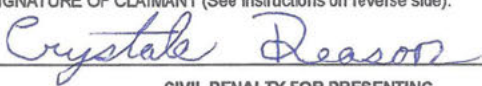


EXHIBIT C

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: National Park Service 1849 C Street NW Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Crystale Reason [REDACTED] Live Oak, FL 32064		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 27 FEB 1993	5. MARITAL STATUS MARRIED	6. DATE AND DAY OF ACCIDENT 19 AUG 2017 SATURDAY	7. TIME (A.M. OR P.M.) 22:15	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). I am familiar with the details of a claim contemporaneously filed by my husband Trevor Reid on form SF95. I am the woman identified in that claim as Crystale Reason. I choose to incorporate the factual allegations of my husband's claim herein by reference. To the extent that they give rise to applicable injuries to myself I incorporate each applicable allegation of law herein by reference. In addition I was wrongfully written a parking ticket and should be compensated for the forfeiture of collateral.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). N/A					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. I demand compensatory damages for violation of my constitutional rights and the tortious conduct of officers, agents, and employees of the United States NPS in an amount comparable with proofs that would be adduced at trial AND \$100 for one wrongfully prosecuted parking violation.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
TREVOR REID		[REDACTED] LIVE OAK, FL 32064			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE 0.00	12b. PERSONAL INJURY 1,000,000.00	12c. WRONGFUL DEATH 0.00	12d. TOTAL (Failure to specify may cause forfeiture of your rights). 1,000,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM [REDACTED]		14. DATE OF SIGNATURE 18 AUG 2019
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

N/A

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

N/A

17. If deductible, state amount.

N/A

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

N/A

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
 C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
 D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STATEMENT OF PROBABLE CAUSE
(For issuance of an arrest warrant or summons)

I state that on August 19th, 2017 while exercising my duties as a law enforcement officer in the Eastern District of Virginia
On 08/20/2017 at approximately 1600hrs I was informed by the Volunteer Host at Oak Ridge Campground within Prince William Forest Park that a white Ford Explorer (Florida License Plate ESAH08) was parked off-road and inside the camp site at campsite B19. The camp host informed me that he could not find anyone at the camp site, and that he left a note on the windshield of the vehicle to inform them of the parking violation.

At approximately 1730hrs I observed the vehicle parked completely off-road, with a typed notice on the windshield explaining the violation. A sign is clearly posted at the entrance to the park stating "Park in Designated Spaces Only". An asphalt parking pad is provided at the entrance to this campsite and is large enough to fit 2 vehicles. No vehicles were occupying the parking space provided.

At approximately 2300hrs I observed the vehicle had not moved, and that 2 people were sleeping inside. They stated they did not know about the note, did not want to move the vehicle, and did not understand where it should be moved to. I showed them the designated location and explained that parking off-road damages the vegetation. Both parties were agitated and angry.

I identified the parties as Crystale REASON and Trevor REID. Reason was identified through her Florida Drivers License (R250110935670), and stated that she was the driver of the vehicle.

I charged REASON for a violation of 36CFR 4.12, Parking in an unauthorized location.

Location Code: EV20
Citation #: 6214185
Case Number: NP17145675

United States District Court
Violation Notice

CVB Location Code

EV20

Violation Number 6214185	Officer Name (Print) DOYLE	Officer No. 849
YOU ARE CHARGED WITH THE FOLLOWING VIOLATION		
Date and Time of Offense (mm/dd/yyyy) 8/19/17 2300	Offense Charged 36CFR 4.12	Offense Code 4.12
Place of Offense Prince William Forest Park Oak Ridge B19		
Offense Description: Factual Basis for Charge Parking Off-Road in Unauthorized Location		HAZMAT <input type="checkbox"/>

6214185

DEFENDANT INFORMATION

Phone: ()

(b) (6)

A ☐ IF BOX A IS CHECKED, YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS (on back of yellow copy).

B ☒ IF BOX B IS CHECKED, YOU MUST PAY AMOUNT INDICATED BELOW OR APPEAR IN COURT. SEE INSTRUCTIONS (on back of yellow copy).

\$ **65** Forfeiture Amount
+ \$30 Processing Fee

PAY THIS AMOUNT → \$ **95** Total Collateral Due

YOUR COURT DATE
(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address: **UNITED STATES DISTRICT COURT
401 COURT HOUSE SQUARE
ALEXANDRIA, VA
(703)299-2100**

Date (mm/dd/yyyy): **09/18/17**
Time (hh:mm): **0900**

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or pay the total collateral due.

X Defendant Signature

REID-DOI-000025